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Foreword

Our new Estates Strategy takes on board some considerable learning from the last two years following the pandemic - it has shown us that:

- We don't need to travel to a place of work everyday to get our job done.
- O With the help of technology, we can still engage with our colleagues and provide an effective service without always being face to face.
- There are other, effective ways that we can help our patients without completely reverting back to old ways of working.

Therefore, with property being one of the highest costs of a business, we need to take these learnings with us on a journey of continuous improvement and drive modern ways of working as well as provide space and cost effectiveness for the Trust.

Realising the benefits will require changes to culture and working practices across the Trust - we will need to pull together to deliver such changes. By doing so we plan to reinvest a share of any savings in improving the patient care and staff working environments as well as protecting resources for frontline care.

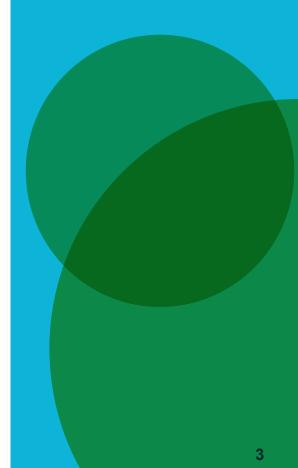
Our strategy shows how we will help shape the future of the Trust, and we are prepared to change our current ways of thinking to deliver more sustainable healthcare and embed a culture of continuous improvement within the department, that works hand in hand with the clinical teams and the wider NHS.

This is not only reflected throughout this strategy but will be reflected in our accommodation policy as well as supporting our Green Plan to achieve Net Zero Carbon by 2040. We will work alongside the wider NHS to shape the future of our estate.

We are looking forward to pushing the boundaries to see what can be achieved for both the department and the wider Trust over the next 3 years.



Debbie MorrisDirector of Estates and Facilities



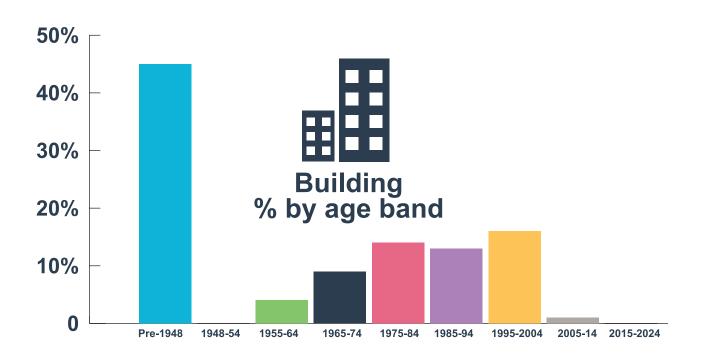
About our estate

Did you know?

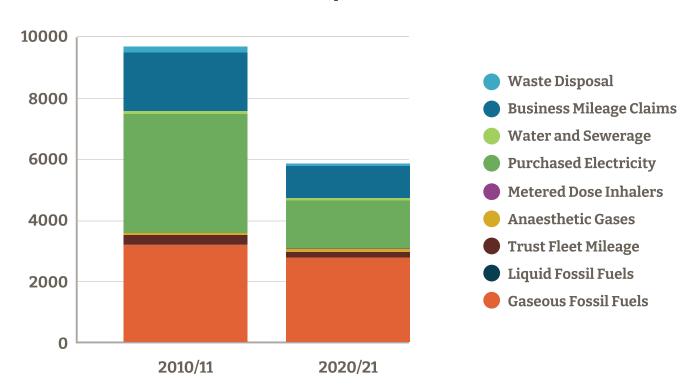
- Our Trust occupies nearly 80 buildings across
 West Sussex, Brighton and Hove and parts of East Sussex.
- O We occupy over 79,000m² of accommodation.
- O We spend nearly £24m a year on estates and facilities management costs – expenditure on our estate being the largest cost to the Trust after staff salaries.
- We employ over 350 staff across our services, including cleaners, porters, catering staff, logistics, maintenance staff, engineers as well as estates and facilities managers.
- O Around 90% of patient contact takes place in patients' homes, but we provide patient care across numerous clinics, health centres and other sites such as GP surgeries, schools and community centres.
- O If you count where staff deliver care on a sessional basis, e.g. GP surgeries, we work from around 300 premises.
- O We have 11 intermediate care units (community hospitals) and around 375 beds.
- We have over 11,500 medical devices deployed across our facilities and the EME team is responsible for ensuring that all devices are serviced and maintained to required standards.
- Our staff travel around 4 million business miles per year.
- The Trust produces around 700 tonnes of waste per year.
- O From 2010/21 we reduced our carbon footprint by 43%, although we still produce nearly 6000 tonnes of CO₂ emissions a year.







SCFT carbon footprint breakdown



Our current estate

The distribution of our estate is largely reflective of a legacy of decision making about the investment in our estate – almost the entire SCFT estate predates the establishment of the Trust in its current form and nearly half predates the creation of the NHS itself.

By far our largest asset, at over 24,000m², is Brighton General Hospital, which comprises of over 75% of our freehold estate.

Although we occupy a similar footprint in West Sussex and East Sussex (including Brighton and Hove), a far greater proportion of our occupancy in the East is offices. This reflects the fact that Brighton General Hospital houses the Trust's main corporate offices.

We own much of our estate in Brighton and Hove and East Sussex (around 80% of our total occupancy) yet do not own a single asset in West Sussex.





Our inherited estate means that:

- O Not all of our estate is fully accessible or is set up to meet the needs of our diverse population well.
- Many of our services have been shoehorned into an estate that is not fit for purpose. For example, the former workhouse buildings at Brighton General are now used to house various outpatient departments and Trust corporate offices. This estate does not effectively meet today's standards for a patient care or staff working environment.
- O The layout of many of our buildings is inefficient and does not promote collaborative working, e.g. small rooms comprising of poorly used individual offices.
- An ageing estate around 45% of our building footprint predates the creation of the NHS in 1948.
- O Much of our estate, particularly in West Sussex, is leased. We are generally beholden to landlords to maintain our estate to the standard we require.
- O There is a lack of equity in the allocation of space. Some services have grown considerably in recent years but the space they occupy has not, causing overcrowding. Other services have more space than they need to provide effective care and support good working lives.
- O Even where space provision is generous, the quality of the environment can fall short of current standards.
- O We occupy many buildings dispersed across a large geographical area. It is even more important that our estate promotes a sense of belonging. Yet, when you enter an SCFT premises there is little in terms of signage, information boards and décor etc. to promote a feel for being an SCFT site.

We are ambitious for our organisation and we are ambitious for our estate. This strategy sets out our vision and describes the steps we will take to deliver a high quality, well utilised estate that supports our mission to provide excellent care in the heart of the community.

Vision

Our Trust vision is 'Excellent Care at the heart of the community'. Our ability to fulfil this vision is dependent on us having the right buildings from which to provide patient care and to support the staff to do so whatever our setting of care.

Our vision for our estate is:

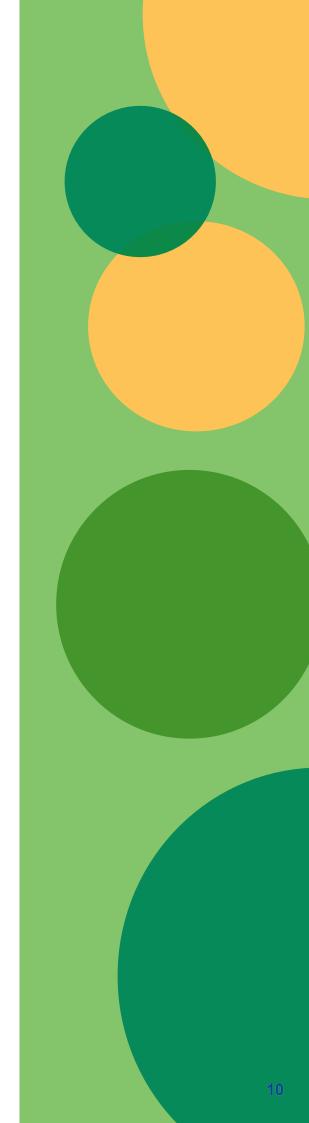
Together we enable excellent care at the heart of our community; through the provision of a high quality, sustainable estate and continually seeking to improve service to our staff, patients & communities.



To fulfil our vision we intend to review our model of service delivery to support the clinical needs of the Trust.

We will therefore work towards an estate that is:

- O High quality: All buildings and facilities management services will be of a consistently high standard. They will provide an excellent patient care environment and a great place to work. One measure of success is that our buildings are readily identifiable as being SCFT spaces, that patients report a good experience of their care, and the buildings encourage people to join our workforce and stay.
- O Well used: All our estate will be well utilised. We will manage our space to support our processes and will drive out waste and inefficiency in the allocation and management of space.
- O Equitable: We will have the space to support our needs by allocating space in a fairer way, considering patient and staff needs, to ensure that nobody is overcrowded or unduly constrained by lack of space. We will plan our estate to ensure we have the right facilities in the right place to improve access to patient care and staff working lives.
- O Flexible and adaptable: The needs of our communities are changing continually, as is the way we respond to the Trust's needs. We need space that is flexible so that it can accommodate needs as they arise, i.e. readily adaptable to meet new requirements.
- O Sustainable and affordable: By using our estate well we will be able to deliver improvements that we can afford. In the planning and delivery of buildings services we will commit to continuing our journey towards Net Zero Carbon emissions.



Our values

Compassionate care

Caring for people in ways we would want for our loved ones. We will support compassionate care by providing the right facilities to support delivery of effective patient care, and the best experience of care for our patients.

We will listen to the feedback of patients and carers and use this to inform how we improve our clinical buildings as well as the facilities management services within them such as cleaning, catering and portering, that all have a big impact on how patients experience their care.

Working together

Forging strong links with our patients, the public and health and care partners, so that we can rise to the challenges we face together. This means putting patient needs at the heart of everything we do and working in tandem with our staff across our clinical services and other support functions. Our estates strategy supports this approach by acting on the feedback of patients, staff and other stakeholders when delivering estates and facilities management services. We will, for example, regularly survey Trust staff and engage with our colleagues to understand what they need to do their job well – to assist us in planning our estate to meet those needs.

Our partnerships beyond the organisation are just as important. We will work collaboratively with our partners in health and social care through the Integrated Care System (ICS) to develop joint plans including the ICS Green Plan. We will work with local authorities, voluntary and community groups more widely in developing the plans for our estate as well as other local Trusts to build on collaborative working and driving efficiencies.

Achieving Ambitions

For our users, our staff, our teams and our organisation. Our plans must support these ambitions and our approach is to work closely with patients and staff to understand the needs of the Trust and plan for an estate that can support our aspiration to deliver the best of patient care and improve population health.

To achieve this we need to be responsive to changing needs and we need to be as flexible and adaptable as possible in how we use buildings to ensure our estate supports our core purpose rather than constrains it.

Delivering excellence

Because our patients and partners deserve nothing less. This means that we will strive to deliver healthcare and staff working environments that meet best practice standards.

This will mean continuing to manage the use of the estate and the quality of our services within it, in order that we can deliver excellence whilst living within our means.



Strategic Goals



Strategic goals for the Trust and what they mean for our estate

Strategic goal - a great place to work

Foster a sense of belonging for staff through the staff working environment

Success will mean

- O Staff are engaged in the planning and delivery of change to the estate and to our services.
- The workplace provides all staff with the tools to do the job regardless of their role.
- O Appropriate facilities to support all staff in their learning and development.
- O All staff have access to appropriate welfare facilities.
- O Workplaces are designed around the work that staff do, recognising that staff may need to use different types of space (desks, clinical rooms, rooms for both formal and informal meetings) during the course of the day.
- O Our workplaces are well ventilated and kept at a comfortable temperature.
- O We attract and retain high quality staff, knowing that the quality of our workplaces is one of the reasons why staff want to join and stay working for the Trust.



We will:

- O Ensure all staff have somewhere to have meals and rest breaks away from their workstations.
- O Involve staff in the planning and development of estates projects and through our estates and facilities management services.
- O Review our helpdesk and communications about how to engage with Estates and Facilities Management to simplify how issues are raised with our teams and to ensure greater transparency in how we respond to requests.
- O Respond to all feedback in relation to the services we provide staff.
- O Be transparent about the constraints we face, working with staff to understand their needs and work collaboratively to develop workable and affordable solutions to enable the Trust to carry out its business.
- O Improve our working space through provision of touch down space and other flexible spaces.
- O Plan for the facilities to support widespread learning development, both virtual and face to face.
- O Work with the colleagues to enable the culture change required to improve productivity in the use of the estate, to enable a share of savings to be reinvested in improving the estate.
- O Work with our staff in all types of roles across the organisation, supported by our People Directorate and our Digital Directorate, to embed agile working processes and support our staff at work, be that at a Trust premises, other sites or remotely.
- O Support active travel, such as the provision of cycle storage and showers, etc. for all our main sites.
- O We will support the Trust's recruitment drive by looking at how we can assist staff with their accommodation needs, particularly through the provision of short-term living arrangements to support international nurse and therapist recruitment.

Strategic goal – reducing service inequalities Improving equity in how we improve health and care outcomes for our communities

Success will mean

- O Clinical care will be provided from facilities that are fit for purpose and meet modern standards in terms of infection control, use of space and afford the highest levels of privacy and dignity.
- Our estate will have the capacity to support excellent community healthcare services delivered in partnership with primary care and with other health and care provision.
- We will be located in facilities easily accessible to our local population. We will have the right estate in the right places to meet patient needs and our environments will be designed in a way to meet all equalities needs in accordance with best practice.
- O We will be deploying our estate in a flexible way to support the Trust's plans to reduce service inequalities.



We will:

- O Work in partnership with our colleagues in the Trust and with other organisations in planning our estate so that we can deliver joined up services.
- O Work with patients, staff and local communities in the planning of our healthcare estate.
- O Use information and data about our population and our current facilities to ensure we have the right buildings in the right place to help clinical staff to deliver the services our communities need.
- O Work closely with our clinical and operational colleagues to ensure that estates planning supports the Trust's plans for reducing service inequalities.

Strategic goal - continuous improvement

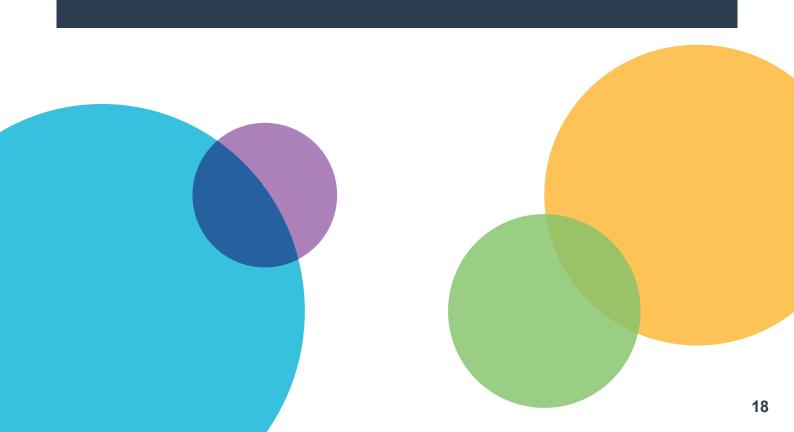
Drawing on our experience and working with patients and staff to improve the quality of the environment and our services

Success will mean

- We continue to deliver environments that meet sustainability standards, working towards our target of achieving net zero carbon emissions by 2040 and provide places that meet the needs of patients and staff alike.
- O All our environments meet the highest standards of privacy and dignity and infection control.
- O Our environments will be well lit, well ventilated and comfortable for all users.
- O Our services will be focused on the user experience and we can demonstrate measurable improvements in our service delivery.
- We will improve our responsiveness and visibility to estates tasks, ensuring that requests for repairs and maintenance are responded to in a timely manner.
- O We use data to drive and share progress and innovations.

We will:

- O Embed continuous improvement through applying the Trust's Quality Improvement programme 'Our Community Way' in our daily work with all members of our team empowered to design and deliver service improvements.
- O Ensure an excellent standard of customer service in all our services.
- Proactively manage the performance of our helpdesk, looking at response times and outcome measures to identify issues early and to ensure that our buildings are well maintained.
- O Engage with clinical services, as well as other support services in the Trust, to identify needs and work collaboratively to meet these in an efficient and effective way.
- O Use the Patient Led Assessment of the Care Environment (PLACE) method to ensure continued high quality services, in particular the cleanliness of our facilities and the quality of our food.
- O Ensure our facilities are accessible to disabled people and are appropriate to meet the needs of all people, in a fair and appropriate way.
- O Ensure that signage is clear and that reception and other front of house staff are able to meet patients and visitors needs.
- O Pay attention to the detail, knowing that it is sometimes the little things that make a big difference. For example, plants and artwork can have a positive impact on how people experience our places.
- Take pride in the delivery of our services.

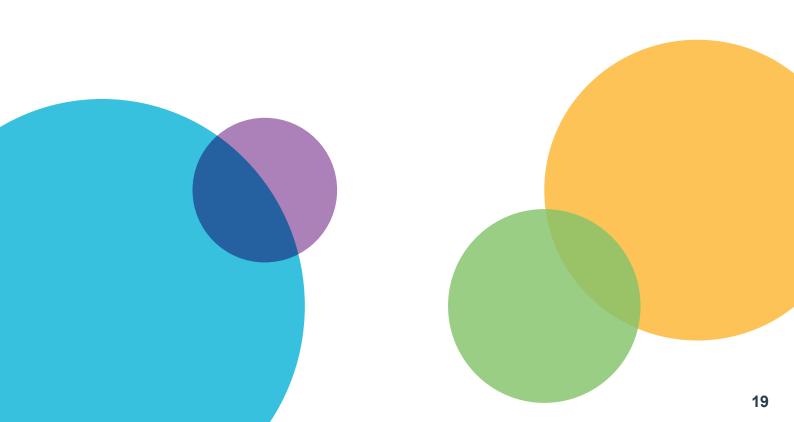


Strategic goal - digital leader

Aligning the planning of digital and buildings infrastructure to support agile working and harness technology to manage our buildings and services

Success will mean

- O All Trust facilities have high quality robust IT infrastructure required to allow our staff to work effectively.
- O Staff, wherever possible, are set up for agile working.
- O Technology enables more options in how our colleagues communicate with patients and with each other.
- O Our buildings provide the right environment for all interaction, be it digital or face to face.
- O Technology will enable us to assess the utilisation of the estate in real time.
- O Technology will support effective booking systems for meeting rooms, shared desks and eventually clinical spaces to ensure our buildings are well used.
- O Technology will support effective facilities management, through modern building management systems to help us maintain and manage our buildings in the best way.
- Our systems will support performance management to enable us to manage response to helpdesk requests, keep our buildings clean and well maintained.



We will:

- O Develop our estate in a more flexible way to better enable agile working and digital clinical consultation making permanent some of the changes that were implemented as part of the response to the pandemic.
- O Use technology to improve our understanding of our estate, e.g. smart metering and real time analysis of building use to ensure we use our estate well.
- O Use sensor-based technology to assess the utilisation of our office and some of our clinical estate to help us identify opportunities for rationlisation and improvements.
- O Work with our colleagues within the Digital Team to roll out fit for purpose space bookings and will pilot 'smart' offices.
- Continually seek to innovate and improve.

Strategic goal - sustainability

Improve efficiency, reduce waste, and lead the way towards becoming a Net Zero Carbon Trust

Success will mean

- O We continuously find new ways to improve value for money.
- Our built environments will support delivery of effective patient care and will also support staff wellbeing.
- O Our facilities will be well used, with enough capacity to support growth and changes but without excess capacity. We will adopt working practices to become more efficient in how we use our estate.
- O We will continue our path towards Net Zero Carbon emissions and achieve our target by, if not before, the deadline date of 2040 (2045 for indirect emissions).
- O We will be able to demonstrate that our estate and our services will be value for money.



We will:

- O Use technology to assess the utilisation of our estate, identifying existing bottlenecks as well as opportunities to deploy our estate more productively overall.
- O Create new office environments built around work processes rather than the allocation of desks to people.
- O Use the 'Care Without Carbon' framework set out in our Green Plan to make our buildings more sustainable and to work towards our target of Net Zero Carbon emissions.
- O Lead on the development of the Integrated Care System Green Plan and support our health and care partners, to ensure that the NHS across Sussex continues along its journey towards Net Zero Carbon.
- O Improve our governance mechanisms to ensure transparency and accountability in decision making.
- O Use benchmarking to identify anomalies in estates costing and work towards greater consistency across our estate.
- O Continue to review how we manage our performance against delivery plans.



Delivering our strategy

Partnership working has always been central to the way SCFT operates. This will not change but shift up a level to enable greater levels of collaboration. There will be an increase in multi-organisational service delivery models and multi-occupancy of buildings.

Planning from a solely organisational perspective is neither appropriate or effective. SCFT is a full participant in the planning processes at system, place and Primary Care Network (PCN) level. Seed funding, available through the Cabinet Office's One Public Estate initiative, will also accelerate collaboration across the system.

In future, as we plan for our estate, increasingly the focus will be on local delivery at a system level to support change across the region. Decisions based on public estate over organisational premises will ensure a holistic approach and support the ICS model.

Our plans, therefore, will be taken forward through greater collaborative working. Given how the planning landscape may continue to change, the development of strategic projects increasingly involves multiple partners with an increasing requirement to take a system view.

We are working to deliver improvements in an environment that is rapidly changing. We need to be responsive to changing population health needs, new healthcare technologies, changing standards and service delivery models. Our aspiration to achieve a high quality, modern, fit for purpose community health estate across Sussex is a longer-term ambition that will be achieved over a period 10-15 years rather than over the lifetime of this particular strategy.

This strategy does not, therefore, come with a detailed blueprint or implementation plan that could date almost as soon as it is written. Rather it sets out how we can get the right framework for improving our estate and estates and facilities management and detailed implementation and project plans can follow.



Sowing the seeds – aligning strategic estates planning within the business of the Trust as a whole

In our first year of this strategy we will put in place the building blocks to ensure that strategic estates planning becomes an integral part of the business planning of the Trust as a whole. We will do this by:

- Prioritising space allocation requests; aligning the allocation of space to new service developments identified as a Trust priority through its own strategic deployment process.
- O Changing our processes for accessing our helpdesks as well as space allocation requests – making it easier for our colleagues to have a 'way in' to our team and to know how to engage appropriately.
- Work far more collaboratively with other corporate support departments, in particular digital and HR, taking a joined-up approach to developing agile working practices within the Trust.
- O Continue to engage with our clinical and operational teams understanding that patients and staff alike are our customers.
- O Improve how we measure and manage the performance and use of the estate measuring asset utilisation as well as our performance in facilities management delivery. We will use data to see how we are doing and to adapt our plans, if need be, using all feedback as an opportunity to learn and improve.

Performance management: Driving excellence

We use a range of performance measures to assess how the performance of the estate varies over time as well as in relation to other NHS Trusts. These inform us:

- 1. How well we are delivering quality and value for money in our buildings and our services.
- 2. Of current trending and where we will need make investment or address the performance of our operational services.

Data does not tell the whole story. For example, a low unit cost of occupancy may be indicative of good value, or it may suggest that the Trust is not spending sufficiently to meet its aspirations for delivering excellence.

Whilst performance data does not drive continuous improvement per se, knowing how we are doing is essential to delivering high quality estates and facilities management services and, by association, excellent care in the heart of the community.

We will take a data driven approach to quality management in how we plan the deployment of our estate and assure the performance of our facilities management services. We will do this by:

- O Developing a culture of continuous improvement and embed the Trust's quality management system, Our Community Way, in our management processes.
- O Establishing a new accommodation policy to ensure that the allocation of new and existing estate aligns to the Trust's core purpose and priorities.
- O Developing capability to assess utilisation of estate with greater accuracy in order to inform decision making about the deployment of the estate.
- O Improving the visibility of reporting on estates and facilities management to identify issues and demonstrate improved performance.
- O Engaging with our clinical and operational teams as well as other support functions to ensure that we are transparent in reporting how we are doing and that we work collaboratively across the organisation and with our stakeholders to drive improvement.

Care Without Carbon

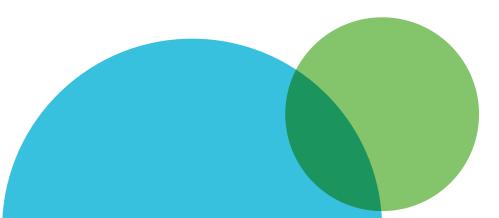


The Delivering a 'Net Zero' National Health Service report 2020 sets out the requirement for all NHS trusts to meet ambitious targets to tackle climate change, aiming to become Net Zero Carbon by 2040.

One of the Trust's strategic goals from the recent Three Year Strategy is value and sustainability. We deliver sustainability through our sustainable healthcare framework, Care Without Carbon, which is set out in our Green Plan (2021).

The new CWC strategy sets out three clear aims for us a Trust:

- 1. Reducing environmental impact: delivering care that is Net Zero Carbon, minimising our impact on the environment and respecting natural resources.
- 2. Improving wellbeing: supporting the health and wellbeing of our patients, staff and communities.
- 3. Investing in the future: maintaining long term financial stability through sustainable decision making.



Excellent care at the heart of the community

Vision: together we lead the way in

net zero

carbon healthcare

protecting the environment on which our health depends.

our environment | our health | our commitment

2

3

Reducing environmental impact

Delivering care that is Net Zero carbon, minimising our impact on the environment and respecting natural resources



Improving wellbeing

Supporting the health and wellbeing of our patients, staff and communities

Investing in the future

Maintaining long term financial stability through sustainable decision making





We achieve these 3 aims through our Sustainable Healthcare Principles

Healthier lives



Making use of every opportunity to help people to be well, to minimise preventable ill-health, health inequalities and unnecessary treatment, and to support independence and wellbeing.

Streamlined processes — & pathways



Minimising waste and duplication within the Trust and wider health system to ensure delivery of safe and effective care.

Respecting resources



Where resources are required, prioritising use of treatments, products, technologies, processes and pathways with lower carbon, environmental and health impacts.

The CWC team will use 8 workstreams, called elements, to deliver primarily against Respecting Resources, while also supporting the organisation to deliver against the other two Principles.



EVOLVING



CIRCULAR



JOURNEYS



PLACES



CULTURE



WELLBEING



CLIMATE ADAPTATION

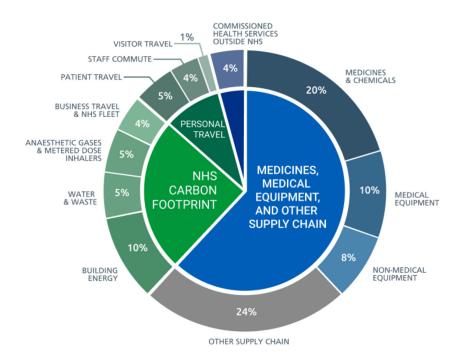


PARTNERSHIP & COLLABORATION

The key targets for carbon reduction set within our new Green Plan are:

- 57% carbon reduction by 2025, in line with both the NHS Long Term Plan and the Climate Change Act (2008); and
- O Net Zero Carbon by 2040 at the latest (and 2045 for the NHS Carbon Footprint Plus) in line with the more recent Delivering a 'Net Zero' National Health Service report.

The carbon footprint for SCFT is illustrated in the diagram below, which shows the sources of carbon emissions by proportion of the NHS Carbon Footprint Plus. We estimate that for SCFT, more than 75% of our carbon footprint falls outside the remit of those areas traditionally associated with Estates and Facilities (energy, water, waste and travel).



Our new sustainability strategy sets out our targets and actions to 2025 and beyond, with a focus on collaboration with clinical services within SCFT as well as aiming to strengthen the links outside of the Trust within the ICS and the broader healthcare system.

Taking ownership of the Clinical Estate

In all, our activities are led by best practice in estates and facilities management. Owning our assets enables us to have more control over how we manage our estate, and it makes sense for us to own and control the buildings where we occupy the largest share and for other partners to own buildings where they are the majority occupier. The ownership of estate by system providers will help in the planning of major capital investment which now takes place at system rather than provider level. For this reason we are now applying for the transfer of some of the NHS Property Services owned estate to our own portfolio where this makes most sense and will strengthen our collaboration with Estates and Facilities Management teams across the health and care system where we occupy estate owned by partner organisations.

Overall, it is still our ambition to own as much of our clinical estate as possible to enable us to manage clinical space effectively, but generally to lease administration accommodation where there is a market supply and where leasing rather than owning gives us greater flexibility.

Whilst saying this, we also acknowledge that the majority of our estate will continue to be leased and services provided by others. Where this is the case we will work in partnership with key landlords such as NHSPS and SPFT – finding joint solutions to use the space efficiently and planning together for improvement and replacement projects that enable us to budget effectively. We will also work to improve the space generally and the services provided to our customers.



Transferring properties from NHS Property Services ownership to SCFT ownership

SCFT is working to transfer the freehold ownership of Bognor Regis War Memorial Hospital, Zachary Merton Hospital, and the Arundel and District Community Hospital – currently held by NHS Property Services Limited (NHSPS) – into SCFT.

These are key strategic sites from which SCFT's community services are delivered to their respective geographical areas. This network of community hospitals is closely aligned with local primary care networks, and the University Hospitals Sussex NHS Foundation Trust.

Transferring the freehold of the properties back into the care of SCFT will benefit our communities in several ways:

- O Enables SCFT to deliver a more responsive and holistic approach to maintenance and soft FM delivery across the sites.
- O Encourages long term strategic estate investment into the estate.
- O Produces revenue savings to the Trust, as SCFT overhead costs have been demonstrated to be lower than NHSPS management charges.



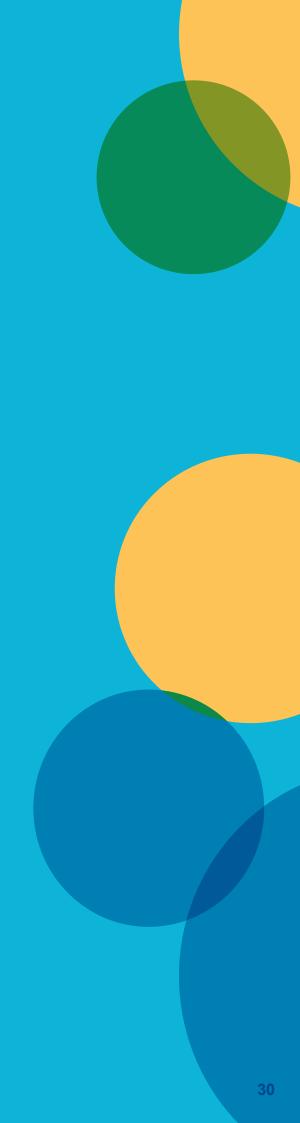
Improving the patient care environment

How our estates may look in five years time is unclear, and any proposals to make substantial changes in the configuration of services will require stakeholder engagement and, depending on the nature of the change, public consultation.

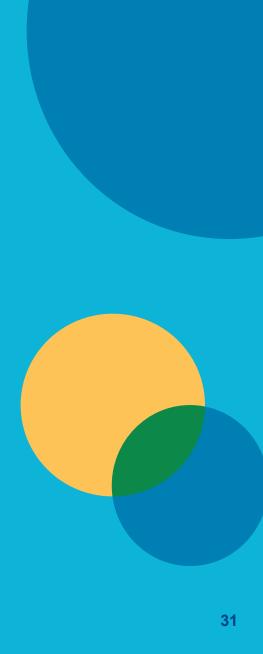
However, from work being carried out we predict we will:

- O Achieve greater co-location of staff the strengthening PCNs will mean more of our staff will work alongside colleagues in primary care, acute, mental health and social care.
- O Have fewer but better-quality facilities the organisation of PCNs will help to achieve the balance of securing 'critical mass' for delivering more specialist accommodation, e.g. advanced diagnostics, whilst retaining local accessibility. Depending on local requirements we expect that service delivery will be focused on community hubs, be they single facilities or a network of local facilities.
- Plan for flexible and adaptable clinical space

 there is no crystal ball and we need to plan
 clinical spaces to meet changing population
 health need.



- O Continue to drive improvements in bedded services and, working with our system partners, plan our intermediate care unit estate to provide the capacity and range of services that enable safe rapid discharge from acute hospitals or admission avoidance, in addition to building capacity and resilience in the community. As the clinical strategy develops, we will look to see how we can support other settings of care such as extra care housing as part of the health and care economy, in addition to continually expanding our capabilities to deliver ever more complex care in patients own homes.
- O Improve the patient care environment to achieve greater capacity in the community, support best patient care outcomes and models of service delivery, that shift the emphasis from the treatment and management of disease to one of health promotion and disease prevention, centred on actively engaged patients taking greater control of their own health and healthcare. New and substantially refurbished facilities will be built to modern standards, designed to be flexible and adaptable.
- O Deliver more patient care digitally expanding our telemedicine offer, but also recognising that this is not appropriate for all services and patients.



Brighton General Hospital

At around 24,000m² Brighton General Hospital is the Trust's largest site, but the campus of over 20 mostly Victorian workhouse buildings is no longer suited to meet today's healthcare needs. The earliest buildings at Brighton General date from 1865 and the hospital has grown and changed from being a workhouse, to a general hospital with over 500 beds at its peak, and now a community health and administrative hub which includes our Trust headquarters. Brighton General represents our greatest challenge and opportunity for our estate in Brighton and Hove.

The project to develop a new integrated community health hub is aligned to a major housing based regeneration opportunity in east Brighton. The rationalisation of health services into a new hub will enable the release of land for housing development, and it is the housing release land that will provide the main source of capital funding for this scheme.

Work paused on the project during the pandemic, but SCFT has restated its commitment to the project. It is working collaboratively with Brighton & Hove City Council, to develop the whole site (health and housing) design requirements as well as partners to agree scope and overall funding model to ensure a viable business case.



How Brighton General Health Hub could look, in context of new housing and retained Arundel Building (IBI Architects)

The next stage will be to prepare a revised outline business case that will meet financial requirements through a combination of:

- O Review of scope confirming the requirements for partner organisations given that the brief was carried out on a scoping exercise in 2018.
- O Efficiencies in design in line with Net Zero ambitions.
- Confirmation of the whole project funding model, identifying sources of capital for elements that cannot be funded through asset disposal alone.

Worthing Integrated Care Centre

The new Worthing Integrated Health Hub facility is being developed by Worthing Borough Council, as part of a wider One Public Estate regeneration of an area of central Worthing known as Worthing Civic Quarter.

Worthing and Adur District Councils have developed a masterplan for a new Civic Quarter that houses a range of public sector buildings within the town centre.



Worthing Integrated Care Centre (Architecture PLB)

The Worthing Integrated Care Centre (WICC) is a £34m development that not only provides SCFT the opportunity to replace poor quality estate coming to the end of its useful life but provides a co-located hub for SCFT clinical services alongside Primary Care, and services provided by Sussex Partnership NHS Foundation Trust providing 5,500m² of new health accommodation overall.

Construction work began on site at the start of 2022 and the new facility is expected to be complete in the autumn of 2023. The WICC project demonstrates what can be achieved when public sector partners work well together and will be seen as exemplar for future collaborative projects that bring together different NHS providers and other agencies to deliver the investment needed for new infrastructure.

Moulsecoomb Neighbourhood Hub

Brighton & Hove City Council are seeking to regenerate the area of Moulsecoomb in East Brighton through the creation of over 200 new homes, as well as consolidating and rationalising the estate from which a number of public services are delivered. A new hub will co-locate and integrate health, social care, library, community and other services in a single facility.



Moulsecoomb Neighbourhood Hub and new housing development (Brighton and Hove City Council)

Through the development of the Hub, Brighton & Hove City Council are seeking to create a more joined up focus on public health through the potential of a wider public service ethos in a community that experiences some of the highest levels of socio-economic deprivation and population health need in the city.

As of September 2022, the project is undergoing design development. The scope to date includes a library, community services and youth services. The health part of the new hub is to include:

- O Relocation of the Avenue Surgery into the Hub, this practice being managed by SCFT's own primary care provider arm, Sussex Primary Care.
- O Relocation of Moulsecoomb Health Centre services, with a single 'front of house' reception area bringing operational efficiencies and streamlining the patient journey through primary care and/or community health services.
- O Additional space to incorporate Primary Care Network services such as physiotherapy.
- Additional space for telephone/ digital consultation incorporating the Diabetes Care for You call centre but providing capacity and flexibility to extend care management to other areas of healthcare need in the future.
- This project is especially exciting as it has the potential to strengthen the links between primary care and community health services, in this instance both provided by SCFT, but also local authority and voluntary sector services that all contribute to improved public health.



Developing and integrating primary care provision

Sussex Primary Care is the primary care provider arm of SCFT. It is a community interest company wholly owned by the Trust with the purpose of providing primary care, taking on several GP practices. This is an exciting opportunity as the Trust is able to become a primary care provider at scale and develop more interesting opportunities to integrate medical, nursing and therapy provision in both primary care and community health services.

Some primary care premises costs are reimbursed by commissioners (rent/notional rent, rates and some facilities management costs) but it is becoming increasingly difficult for practices to sign up to new investments. This is because new developments typically require financing over long-term periods, typically 25 years. The fact that fewer GPs are embracing the traditional partnership model increases the commercial risk for GPs engaging in property deals where there may not be a successor to take on liabilities once the original GP partners retire or move on.

Sussex Primary Care can bring the covenant of SCFT in property transactions. This can be seen by SPC acquiring the ownership of practice premises (such as at the Wadhurst Practice) and SCFT taking on the head lease for both primary care and community health elements at the new Moulsecoomb Hub.

Our Care Without Carbon Team is working with Sussex Primary Care and its constituent GP practices to identify opportunities for driving the primary care estate in Sussex towards Net Zero Carbon in line with our own ambitions at SCFT.

Changing the way we work – adapting our estate for agile working

During the early days of the pandemic many people in office-based jobs across a wide range of economic sectors were effectively redeployed to their own homes, almost overnight. Whilst this was a necessary response to Covid-19, there were considerable benefits in that peak time pressure on public and road transport networks was reduced, time spent commuting was reduced and productivity was, in certain circumstances, improved.

As we implemented social distancing measures, the capacity of our offices reduced to less than half of pre-pandemic levels overnight. This has necessitated acceleration in the adoption of agile working, including a substantial amount of working from home. As social distancing measures are relaxed, we are not returning to the 'old normal'. Many processes e.g. live case allocation and prioritisation of work within teams can now take place in a way that does not necessitate whole teams coming into the office. This in turn will help us reduce our journeys, as we work towards our goal of achieving Net Zero Carbon emissions.

The deployment of SystmOne, the electronic patient record system that the majority of our clinical services use, the widespread allocation of portable devices and the development of a case management approach enables a live management of community teams working without on-site presence. However, we also recognise that digitally enabled communication is not a panacea and, even when technology exists to support a process, there is often no substitute for face to face interaction with colleagues.

Where staff need office space creative thinking is necessary to meet both the needs of the work and the workstyle preferences of staff. The increase in telemedicine indicates the need to establish areas in offices with sufficient privacy and acoustic protection to support telephone and digital contact with patients. We need to provide spaces to enable clinical teams to gather to discuss caseloads, together with project areas and a variety of formal and informal meeting areas to allow clinical and corporate support staff to collaborate. It is not enough to plan spaces to help staff work better, we need to think about how our spaces can allow our staff to thrive. We are looking to create, across our sites, comfortable areas for staff to eat or have a break away from their work areas making use of charitable funds where appropriate. The new hub projects such as Worthing Integrated Care Centre and the redevelopment of Brighton General Hospital enable us to do things differently. We will create a variety of workspaces based around activity rather than replicate the mass rows of office desks of the past.

We will:

- O Survey our staff to understand what they need and want to operate in an effective environment, both as individuals and as a team.
- O Measure the use of desk spaces to rationalise the number of desks to those required based on real time analysis of peak demand.
- O Create new working environments to support activity-based space planning; including project work areas, secure areas suitable for telephone and digital consultation and informal 'gather areas' for clinical teams to discuss allocations.
- O Invest in creating improved staff welfare areas and delivering other environmental and ergonomic improvements such as sit/stand desks and plants.
- O Pilot projects and establish new style workplaces across the geographical area that we cover.
- O Understand the leadership and staff behaviours required to enable new style workplaces, providing safe and comfortable environments for all who use them.
- O Continue to engage with our colleagues as we change our workplaces, ensuring that the feedback allows us to continually learn and improve through implementation.

We will work in a holistic and inclusive way, working with frontline clinical services and corporate support functions to deliver solutions specific to need, but based around the common principles to deliver productive high-quality space. Whilst led by estates, this will be a Trust wide programme to look at HR/workforce issues, operational service delivery issues and ensure that we foster cultures and behaviours to make new ways of working a success. We will learn from best practice in the Trust and elsewhere to become more innovative in how we deliver patient care and support staff working lives.

We need to think about agile working as more than working from home. We will, over time, create co-working style workplaces across several sites, which could enable, for example, a colleague living in Crawley but working in Chichester to make use of a Trust site close to where they live.

In rethinking the workplace, SCFT is not only working with other NHS partners but the wider public sector, through property management collaborative groups such as the Greater Brighton One Public Estate Property Board and SPACES (Strategic Property Asset Collaboration in East Sussex) which enable the sharing of good practice, including:

- The experience of other public authorities that plan a substantial reduction in desk allocation, which SCFT is not likely to apply to the same extent but will where it can; and
- O Expanding the option for touch down kiosk style workspaces across public sector organisations, delivering the 'collaborative workspace' option across public offices across Sussex.

With approximately 90% of our clinical contacts carried out in the community, a substantial requirement for the Trust's accommodation comprises of offices. We will rethink the approach to workplace design and carry out an assessment of office needs which will not so much be based on presenteeism rather productivity.

As social distancing is relaxed there will be opportunities both to rationalise our estate and create an improved working environment through the provision of different spaces to support activities, improving the quality of both the patient care and staff working environments. The Trust is committed to extending agile working and reconfiguring our space to support high quality and well utilised spaces that support our core purpose.

Taking estates into the future

Collaboration within the Sussex health and care system continues to strengthen and mature, with the new ICS's having become statutory bodies on 1st July 2022.

Within the remit of the ICS, commissioners and providers are developing their local estates strategies for their constituent places aligning plans for primary, community, acute and mental health services across the ICS. In this context major decisions about estates investment needs to consider the impact on the Trust and on the health and care system as a whole.

'System first' thinking will inform all major decisions regarding the estate. It will also facilitate an approach to estates planning that encompasses not only health but other public bodies, increasing capacity where required while enabling the rationalisation of poor quality or underutilised buildings.



The strength of the ICS is that major capital planning is governed at system rather than provider level in order that a coherent approach is taken. Individual projects will be identified, prioritised, funded and delivered increasingly on a system basis, and overall governance needs to reconcile the need for accountability at system level with the need to adapt to ensure that the system can respond to changing needs and priorities.

As well as the increased emphasis on system planning, there is also a greater emphasis on alignment of estates planning within the business of the Trust. For the first time, the estates implementation plan follows the Trust business planning process in order that decisions about the future use of buildings truly reflect organisational priorities.

In addition, our Care Without Carbon framework underpins the ICS level Green Plan, ensuring the focus for Net Zero Carbon is maintained across the system. It brings Trusts together so we can work collaboratively to reduce our impact on the environment.

The priorities for our frontline services are increasingly shaped in partnership with commissioners, Primary Care Networks and partner providers in health and social care. System first thinking sets the context for planning the delivery of services and the deployment of the estate – the ultimate goal being to ensure that all parts of the health and care economy work together to improve the health of our local population and to support our journey to Net Zero Carbon along the way.

The strategic planning and management of our own estate will evolve in the light of this collaboration, as well as our commitment to use the opportunity of agile working to improve the quality of and utilisation of the estate. At the start of this strategy many of the plans are emergent, but it is intended that this will be supported by more detailed implementation plans. In our first year our emphasis will be on understanding how our estate is being used, with the first step being a Trust wide utilisation study of the office and outpatient estate. This, combined with staff interviews and survey will inform an accommodation policy to ensure that space needs assessment supports the business. Thereafter the emphasis will shift to implementation as we put in place specific plans to rationalise the estate and make it more fit for purpose for patient care and staff working lives.

The strategy is the framework for aligning the strategic management of our estate with population health needs, increasing collaboration within the Integrated Care System and to act as an enabler to the Trust's strategy. It provides the blueprint for planning and managing changes to the estate as well as estates and facilities management services. We will develop, implement and, where necessary, change specific implementation plans that will underpin the strategy and will help us achieve our vision for the estate. Over the longer term we will achieve an allocation of estate that is:

- O High quality
- O Well used
- O Equitable
- O Flexible and adaptable
- O Sustainable and affordable

At the heart of it all remains our core purpose to enable the provision of excellent care at the heart of the community.

